



CC0509

Email: dli.cesponsor@state.mn.us
Website: www.dli.mn.gov/ccld.asp
Phone: (651) 284-5034

CONTINUING EDUCATION INDIVIDUAL COURSE APPROVAL APPLICATION

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
MINNESOTA DEPARTMENT OF LABOR & INDUSTRY**

**DEPOSITING OF LICENSE FEE DOES NOT CONSTITUTE
GRANTING OF THE LICENSE APPLIED FOR.
COURSE FEES ARE NONREFUNDABLE**
Print in INK or TYPE

Make a copy of this application for your records

Fee is \$20.00 per course			
Total Number of COURSES		Total Fee = (# x 20)	\$
SPACE IN BOX FOR OFFICE USE ONLY			
Account # 632423		STK B42COURSE	
Check Number		Amount Paid	
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO		DLI Deposit Date	
NOTICE: Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service Charge and may subject the issuer to additional civil penalties.			

Please check the appropriate box(s) below to identify the regulated industry for which you are requesting approval:

- ☐ Building Official
☐ Electrical
☐ Elevator
☐ Plumbing
☐ Manufactured Home Installer
☐ Residential Building Contractor, and Roofer
☐ Water-Conditioning Contractor

LAST NAME		FIRST NAME		E-MAIL ADDRESS	
RESIDENTIAL STREET ADDRESS		CITY		STATE	ZIP CODE
YOUR LICENSE/CERTIFICATION #		DAYTIME PHONE #			
SPONSOR NAME		SPONSOR BUSINESS PHONE AND EMAIL ADDRESS			
SPONSOR ADDRESS		CITY		STATE	ZIP CODE

COURSE TITLE (as shown on your certificate of completion or attendance)

COURSE LOCATION		CITY		STATE	ZIP CODE
DATE COURSE ATTENDED (MM/DD/YYYY)		INSTRUCTOR NAME			
Number of continuing education credits requested for this course:	Electrical Code Hrs	Related Electrical Hrs	Elevator Code Hrs	Building Official Hrs	
If applicable, did this course offer training in the implementation of energy codes or energy conservation measure applicable to residential buildings <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list number of hours.		Energy Code Hours	Manufactured Home Installer		
			Laws/Code Hours	Installation Hours	

CERTIFICATION

- I certify I attended the above named course on the date specified for the number of hours for which I have requested approval of continuing education credit.
- I certify all of the information submitted in this application is true, accurate and complete.
- I understand the department, under M.S. § 326B.082, may revoke, suspend or limit this license if I knowingly and willfully made a false statement in this application.

SIGNATURE OF LICENSEE (mandatory)	DATE
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